



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Request for Health Information

Time Sensitive Emergency ■ 2224 E. Old Penitentiary Road, Boise, ID 83712 ■ (208) 334-4904

Idaho TSE Identification Number: _____

If known, Patient Name: _____ DOB: _____

Date(s) of service: _____

The _____ Regional Time Sensitive Emergency Committee requests the following medical records regarding the patient listed above for the purpose of improving the TSE system. All medical records may be de-identified with the exception of the Idaho TSE Identification number.

Records are to be released to _____ (must be an officer of the Regional TSE Committee).

Address: _____

Phone Number: _____ Fax #: _____ E-mail: _____

☐ History & Physical

☐ Emergency Record

☐ Cath Lab Record

☐ Discharge Summary

☐ Laboratory Reports

☐ Other: _____

☐ Operative Report

☐ Radiology Reports

Name of Regional TSE Committee officer requesting records: _____

Date: _____ Signature: _____

Idaho Code § 56-1030 gives the Regional Time Sensitive Emergency Committees the authority to review Time Sensitive Emergency cases for the purpose of quality improvement.

Records produced to the Idaho TSE Council in response to this request are confidential pursuant to Idaho Code § 39-1392b.

